

RECEIVED
CENTRAL FAX CENTER**NOV 19 2007****FAX TRANSMISSION****DATE:** November 19, 2007**PTO IDENTIFIER:** Application Number 10/699,323-Conf. #2561
Patent Number**Inventor:** Sanjai SINGH et al.**MESSAGE TO:** US Patent and Trademark Office/ MS Amendment**FAX NUMBER:** (571) 273-8300**FROM:** LAHIVE & COCKFIELD, LLP
David R. Burns /NID/cfo**PHONE:** (617) 994-0890**Attorney Dkt. #:** MWS-080**PAGES (Including Cover Sheet):** 23**CONTENTS:** Transmittal (1 page)
Fee Transmittal (1 page in duplicate)
Amendment/Reply (17 pages)
Three Month Request for Extension of Time Under 37 CFR 1.136(a) (1 page)
Charge \$1,050.00 to deposit account 12-0080
Certificate of Transmission (1 page)

If your receipt of this transmission is in error, please notify this firm immediately by collect call to sender at (617) 994-0890 and send the original transmission to us by return mail at the address below.

This transmission is intended for the sole use of the individual and entity to whom it is addressed, and may contain information that is privileged, confidential and exempt from disclosure under applicable law. You are hereby notified that any dissemination, distribution or duplication of this transmission by someone other than the intended addressee or its designated agent is strictly prohibited.

LAHIVE & COCKFIELD, LLP
One Post Office Square, Boston, Massachusetts 02109-2127
Telephone: (617) 227-7400 Facsimile: (617) 742-4214

PTO/SB/97 (09-04)
Approved for use through 07/31/2006. OMB 0651-0031
U. S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

Application No. (if known): 10/699,323

Attorney Docket No.: MWS-089

Certificate of Transmission under 37 CFR 1.8

I hereby certify that this correspondence is being facsimile transmitted to the United States Patent and Trademark Office.

on November 19, 2007
Date

David R. Burns
Signature

David R. Burns

Typed or printed name of person signing Certificate

46,590
Registration Number, if applicable

(617) 994-0890
Telephone Number

Note: Each paper must have its own certificate of transmission, or this certificate must identify each submitted paper.

Transmittal (1 page)
Fee Transmittal (1 page in duplicate)
Amendment/Reply (17 pages)
Three Month Request for Extension of Time Under 37 CFR 1.136(a) (1 page)
Charge \$1,050.00 to deposit account 12-0080

RECEIVED
CENTRAL FAX CENTER

NOV 19 2007

PTO/SB/17 (10-07)

Approved for use through 06/30/2010 OMB 0651-0032
U.S. Patent and Trademark Office, U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no person are required to respond to a collection of information unless it displays a valid OMB control number

Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4918). FEE TRANSMITTAL For FY 2008		Complete If Known	
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Application Number	10/699,323-Conf. #2561
		Filing Date	October 31, 2003
		First Named Inventor	Sanjai SINGH
		Examiner Name	C. O. Kendall
		Art Unit	2192
TOTAL AMOUNT OF PAYMENT		(\$)	1,050.00
		Attorney Docket No.	MWS-089

METHOD OF PAYMENT (check all that apply)	
<input type="checkbox"/> Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> None <input type="checkbox"/> Other (please identify): _____	
<input checked="" type="checkbox"/> Deposit Account Deposit Account Number: 12-0080 Deposit Account Name: Lahive & Cockfield, LLP	
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)	
<input checked="" type="checkbox"/> Charge fee(s) indicated below <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee	
<input checked="" type="checkbox"/> Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 <input checked="" type="checkbox"/> Credit any overpayments	

FEE CALCULATION								
1. BASIC FILING, SEARCH, AND EXAMINATION FEES								
Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)	
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)		
Utility	310	155	510	255	210	105		
Design	210	105	100	50	130	65		
Plant	210	105	310	155	160	80		
Reissue	310	155	510	255	620	310		
Provisional	210	105	0	0	0	0		
							Small Entity	
							Fee (\$)	
Each claim over 20 (including Reissues)							50	
Each independent claim over 3 (including Reissues)							210	
Multiple dependent claims							370	
Total Claims Extra Claims Fee (\$) Fee Paid (\$)							Multiple Dependent Claims Fee (\$) Fee Paid (\$)	
HP = highest number of total claims paid for, if greater than 20 Indep. Claims Extra Claims Fee (\$) Fee Paid (\$)								
HP = highest number of independent claims paid for, if greater than 3								
3. APPLICATION SIZE FEE								
If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$260 (\$130 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).								
Total Sheets		Extra Sheets	Number of each additional 50 or fraction thereof		Fee (\$)	Fee Paid (\$)		
- 100 =		.50 =	(round up to a whole number) x		=			
4. OTHER FEE(S)							Fees Paid (\$)	
Non-English Specification, \$130 fee (no small entity discount)								
Other (e.g., late filing surcharge): 1253 Extension for response within third month							1,050.00	

SUBMITTED BY			
Signature	<i>David R Burns</i>	Registration No. (Attorney/Agent)	46,590
Name (Print/Type)	David R. Burns	Telephone	(617) 994-0890
		Date	November 19, 2007

I hereby certify that this paper (along with any paper referred to as being attached or enclosed) is being transmitted by facsimile to the Patent and Trademark Office, facsimile no. (571) 273-8300 at MS Amendment, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on the date shown below.	
Dated: November 19, 2007	Signature: <i>David R Burns</i> (David R Burns)

**RECEIVED
CENTRAL FAX CENTER**

NOV 19 2007

PTO/SB/21 (10-07)

Approved for use through 10/31/2007. OMB 0851-0031

U.S. Patent and Trademark Office, U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

<h2 style="margin: 0;">TRANSMITTAL FORM</h2> <p style="font-size: small; margin-top: 10px;">(to be used for all correspondence after initial filing)</p>	Application Number	10/699,323-Conf. #2561
	Filing Date	October 31, 2003
	First Named Inventor	Sanjai SINGH
	Art Unit	2192
	Examiner Name	C. O. Kendall
Total Number of Pages in This Submission	Attorney Docket Number	MWS-089

ENCLOSURES (Check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input checked="" type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below) Certificate of Transmission
<div style="border: 1px solid black; display: inline-block; width: 100px; height: 20px; margin-top: 5px;"></div> Remarks		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT			
Firm Name	LAHIVE & COCKFIELD, LLP		
Signature			
Printed name	David R. Burns		
Date	November 19, 2007	Reg. No.	46,590

I hereby certify that this paper (along with any paper referred to as being attached or enclosed) is being transmitted by facsimile to the Patent and Trademark Office, facsimile no. (571) 273-8300 at MS Amendment, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on the date shown below.	
Dated, November 19, 2007	Signature (David R. Burns)